

## Quarter Gradual P Protocol

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The following is a suggestion. If this is for the purposes of a mock cycle please note the correct biopsy days in **bold**.

### Protocol:

**Lupron**, if necessary, in the prior cycle (suppression appears to help reset the endometrium).

**Estrogen** as usual (stepwise for at least 13 days, can be up to 21 days without any problem, some REs prefer E<sub>2</sub> valerate).

For example, Estrace 2 mg daily d3-6, 2 mg twice daily d7-10, 2 mg three times daily to at least d14. Use less E for thin women.

Follow endometrial thickness until it plateaus. If thickness increases steadily on a low dose, keep that dose to avoid over stimulation. On d14 it should be at least 7 mm. Draw blood for E and P to confirm E is being absorbed and that patient has not ovulated spontaneously. Continue E at 2 mg three times daily (or whatever was last dose on P start).

**Progesterone** (compounded Prometrium: micronized P) as follows:

Cycle day	P dose	Biopsy	Transfer
Evening of d13 (day before ovulation)	6 mg P vaginally		
Day 14 (equivalent to the day of ovulation for setting the day of transfer)	6 mg in am and 6 mg in pm		
Day 15	12.5 mg bid (if mock cycle, biopsy on this day)	<b>d15 biopsy</b>	
Day 16	12.5 mg bid		
Day 17	25 mg bid		<b>day 3 embryo transfer</b>
Day 18	50 mg bid		
Day 19	100 mg bid, continue to cycle day 22		<b>day 5 blastocyst transfer</b>
Day 23	200 mg bid		
Day 24 and beyond	200 mg bid (if mock cycle, biopsy on this day)	<b>d24 biopsy</b>	

These are not necessarily the correct doses if you choose to use IM P. In that case, adjust the doses in parallel: 200 mg bid vaginal P equals the highest dose of IM P you would use. Cut dose by 33 for first dose, step up as indicated.

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